

1427

MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 105

Place of Birth Payson County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<u>Male</u>			

DATE OF BIRTH* March 31, 1912
(Month) (Day) (Year)

FULL* NAME	FATHER
<u>James Armer</u>	
FULL* MAIDEN NAME	MOTHER
<u>Maggie Chilton</u>	

I HEREBY CERTIFY that the child described herein has
been named

Paul Napoleon Armer
(Give name in full) (Surname)

Maggie Armer
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

SM 6-1-38

719-331-435